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Case Summary

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Patricia Young v. Indianapolis Metropolitan Police Department North District

Case Number	49D04-2201-CT-001304
Court	Marion Superior Court 4
Type	CT - Civil Tort
Filed	01/13/2022
Status	01/13/2022 , Pending (active)

Parties to the Case

[Show all party details](#)

  Defendant Indianapolis Metropolitan Police Department North District

  Plaintiff Young, Patricia

Chronological Case Summary

01/13/2022 **Case Opened as a New Filing**

01/14/2022  **Appearance Filed**

For Party: Young, Patricia
File Stamp: 01/14/2022

01/14/2022  **Complaint/Equivalent Pleading Filed**

Filed By: Young, Patricia
File Stamp: 01/14/2022

01/14/2022  **Subpoena/Summons Filed**

Filed By: Young, Patricia
File Stamp: 01/14/2022

01/14/2022  **Service Issued**

SUMMONS- TRACKING # 9402114902675317519035
Requested By: Young, Patricia
Serve To: Indianapolis Metropolitan Police Department North District

Issued: 01/14/2022

02/09/2022

 **Appearance Filed**

Appearance

For Party: Indianapolis Metropolitan Police Department North District

File Stamp: 02/09/2022

Financial Information

  Financial Balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect interest that has accrued – if applicable – since the last payment. For questions/concerns regarding balances shown, please contact the Clerk's Office.

Young, Patricia

Plaintiff

Balance Due (as of 02/10/2022)

0.00

Charge Summary

Description	Amount	Credit	Payment
Court Costs and Filing Fees	157.00	0.00	157.00

Transaction Summary

Date	Description	Amount
01/13/2022	Transaction Assessment	157.00
01/13/2022	Counter Payment	(157.00)

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

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Information displayed on this site is not to be considered or used as an official court record and may contain errors or omissions. Accuracy of the information is not warranted. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

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STATE OF INDIANA) IN THE Civil COURT
) SS:
COUNTY OF Marion) Case Number: 49D042201CT001304
(To be supplied by Clerk when case is filed.)

(Caption)

APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:

Initiating X Responding _____ Intervening _____; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party Patricia Young

Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

3601 Moller Road Indpls. IN
46224

Telephone # of party 317-371-4252

FAX: _____

Email Address: Patricia.young@rocketmail.com

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Patricia Young Atty Number: _____

Address: 3601 Moller Road Indpls.
IN, 46224

Phone: 317-371-4252

FAX: _____

Email Address: Patricia.young@rocketmail.com

(List on continuation page additional attorneys appearing for above party)

3. This is a Tort Claims case type as defined in administrative Rule 8(B)(3).

4. I will accept service from other parties by:

FAX at the above noted number: Yes No X
Email at the above noted number: Yes X No

5. This case involves child support issues. Yes No X (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)

6. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes No X (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:

Attorney's address

The Attorney General Confidentiality program address

(contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.in.gov).

Another address (provide)

7. This case involves a petition for involuntary commitment. Yes No X

8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above: _____

b. State of Residence of person subject to petition: _____

c. At least one of the following pieces of identifying information:

(i) Date of Birth _____

(ii) Driver's License Number _____

State where issued _____ Expiration date _____

(iii) State ID number _____

State where issued _____ Expiration date _____

(iv) FBI number _____

(v) Indiana Department of Corrections Number _____

(vi) Social Security Number is available and is being provided in an attached confidential document Yes No

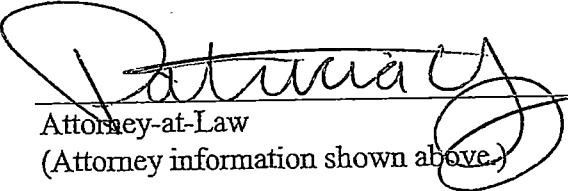
9. There are related cases: Yes No X (*If yes, list on continuation page.*)

10. Additional information required by local rule:

11. There are other party members: Yes No X (*If yes, list on continuation page.*)

12. This form has been served on all other parties and Certificate of Service is attached:

Yes X No


Dattuwa U.
Attorney-at-Law
(Attorney information shown above.)

UNITED STATES DISTRICT COURT

for the
13 District of Indiana
Civil Division

Case No.

49D042201CT001304

(to be filled in by the Clerk's Office)

Patricia Young

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Indianapolis Metropolitan Police DepartmentDefendant(s) North District

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address

Patricia Young
3601 Moller Road
Indianapolis, Marion
Indiana 46224
317-371-4252
Patricia.yrocket+mail@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

Indianapolis Metro Politan Police Depart
 tment North District P.D.
 3120 E. 30th street Indpls, IN 462
 Indianapolis, Marion
 Indiana 46208
 317-327-6100

Defendant No. 2

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

David Kuchta-Drane
 Police Officer
 3120 E. 30th street
 Indianapolis, Marion
 Indiana 46208
 317-327-6100

Defendant No. 3

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

Defendant No. 4

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

Federal question Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Criminal confinement, Obstruction of Justice, Fraud, Discrimination, Defamation of Character

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Patricia Young, is a citizen of the State of (name) Indiana.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) David Kuchta-Drane, is a citizen of the State of (name) Indiana. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation
 The defendant, (name) Indianapolis Metropolitan Police Department North District is incorporated under the laws of the State of (name) Indiana, and has its principal place of business in the State of (name) Indiana.
 Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) Indianapolis.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

I was in fear for my life and terrified for 6 days, while I was criminally confined by the Police for 6 days.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

It began on January 17, 2020 when I had a meeting planned by myself and

Police Officer David Kounta-Drane about reporting crimes. I was given a mental health check and passed and I was told I was going to have a test done at a hospital for rape. I was

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I was drugged in a mental hospital for 6 days and I was given medication that made me almost die. I almost missed both my son's birthdays.

criminally confined for 6 days in a mental hospital, on a 72 hour by the Police, detention

V.

Certification and Closing

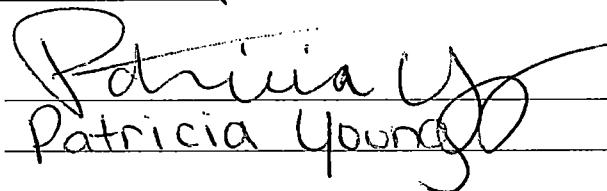
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1-13-2022

Signature of Plaintiff



Printed Name of Plaintiff

B. For Attorneys

Date of signing: _____

Signature of Attorney



Printed Name of Attorney



Bar Number



Name of Law Firm



Street Address



State and Zip Code



Telephone Number



E-mail Address



UNITED STATES DISTRICT COURT

for the
13 District of Indiana
Civil Division

Case No.

49D04220167001304
(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes No

Patricia Young

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Indianapolis Metropolitan

Police Department North District

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

Patricia Young
3601 Moller Road
Indianapolis IN 46224
City State Zip Code

Marion

317-371-4282

Patricia.young.rocketmail@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

District

Name

Indianapolis Metropolitan Police Department North ✓

Job or Title (if known)

government agency / Police

Address

3120 E. 30th Street

Indianapolis IN 46208
City State Zip Code

County

Marion

Telephone Number

317-327-6100

E-Mail Address (if known)

Individual capacity Official capacity

Defendant No. 2

Name

David Kochta-Drane

Job or Title (if known)

Police Officer

Address

3120 E. 30th Street

County

Indianapolis IN 46208
City State Zip Code

Telephone Number

E-Mail Address (if known)

Individual capacity Official capacity

Defendant No. 3

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity

Defendant No. 4

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*): Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Disability Discrimination. Because they discriminated against me on the basis that I was mentally disabled. I am not mentally disabled and was not then Plaintiff's suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I need restotion of \$60,000,000. I want my case looked at by the police. I was drugged in a mental hospital for P.Y. and criminally confine 6 days. on January 17, 2020 I had a planned meeting by myself and police office David Kuchta-Drane about reporting crimes. I was given a mental health check and passed. I was told I was going to the hospital to have a rape kit done at a hospital. Then I was put on a 72 hour detention by the police hold at Eskanazi hospital/ Mental hospital. Against Page 5 of 6

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Indianapolis metropolitan Police Department
North District

B. What date and approximate time did the events giving rise to your claim(s) occur?

1-17-2020 at 10:47 a.m.

C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

I was put on a 72 hour detention / hold by the police at ~~E~~skanazi Hospital against my will by officer David Kutchta-Drane. I passed the ^{Health check} mental given to me by officer David Kutchta-Drane. 2 other officers or personnel at the Police station witnessed the mental health check given to me.

V. Certification and Closing

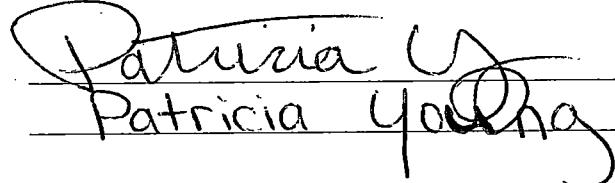
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1-13-2022

Signature of Plaintiff



Printed Name of Plaintiff

B. For Attorneys

Date of signing: _____

Signature of Attorney



Printed Name of Attorney



Bar Number



Name of Law Firm



Street Address



State and Zip Code



Telephone Number



E-mail Address



SUMMONS

Patricia Young

In the Marion Superior Court, Room No.

Plaintiff

49D042201CT001304

vs

Cause
No.

Indianapolis Metropolitan Police Department North District
Defendant

TO DEFENDANT: (Name) Indianapolis Metropolitan Police Department North District
(Address) 3120 E. 30th Street
Indianapolis, Indiana 46208

You are hereby notified that you have been sued by the person named as plaintiff and in the Court indicated above.

The nature of the suit against you is stated in the complaint which is attached to this Summons. It also states the relief sought or the demand made against you by the plaintiff.

An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

If you need the name of an attorney, you may contact the Indianapolis Bar Association Lawyer Referral Service (269-2222), or the Marion County Bar Association Lawyer Referral Service (634-3950).

Dated _____

(Seal)

Clerk, Marion Superior Court

(The following manner of service of summons is hereby designated.)

Registered or certified mail.

Service at place of employment, to-wit: _____

Service on individual (Personal or copy) at above address.

Service on agent. (Specify) _____

Other service. (Specify) _____

Patricia Young

Attorney for Plaintiff

7608 Eagle Valley Pass
Address Indianapolis, IN,
317-371-4252 46214
Telephone

Marion County Superior Court
200 East Washington Street
Indianapolis, IN 46204

Telephone



SUMMONS

Patricia Young

In the Marion Superior Court, Room No.

Plaintiff

49D042201CT001304

-vs-

Cause
No.Indianapolis Metropolitan Police Department North District

Defendant

TO DEFENDANT: (Name) Indianapolis Metropolitan Police Department North District
 (Address) 3120 E. 30th Street
Indianapolis, Indiana 46208

You are hereby notified that you have been sued by the person named as plaintiff and in the Court indicated above.

The nature of the suit against you is stated in the complaint which is attached to this Summons. It also states the relief sought or the demand made against you by the plaintiff.

An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

If you need the name of an attorney, you may contact the Indianapolis Bar Association Lawyer Referral Service (269-2222), or the Marion County Bar Association Lawyer Referral Service (634-3950).

Dated _____

Clerk, Marion Superior Court

JAN 13 2022

Myle A. Eldridge

(Seal)

(The following manner of service of summons is hereby designated.)

Registered or certified mail.

Service at place of employment, to-wit _____

Service on individual (Personal or copy) at above address.

Service on agent. (Specify) _____

Other service. (Specify) _____

Patricia Young

Attorney for Plaintiff

7608 Eagle Valley Pass
 Address Indianapolis, IN,
317-371-4252 46214

Telephone

Marion County Superior Court
 200 East Washington Street
 Indianapolis, IN 46204

Telephone

STATE OF INDIANA) IN THE MARION SUPERIOR COURT 11
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2201-CT-001304

PATRICIA YOUNG,)
)
Plaintiff,)
)
v.)
)
INDIANAPOLIS METROPOLITAN)
POLICE DEPARTMENT,)
)
Defendant.)

Appearance

1. Party: Responding

The undersigned attorney appears in this case for the following parties:

Indianapolis Metropolitan Police Department.

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Andrew J. Upchurch (30174-49)
Address: 200 East Washington Street, Suite 1601
Indianapolis, IN 46204
Phone: (317) 327-4055
FAX: (317) 327-3968
E-Mail: andrew.upchurch@indy.gov

3. This is a CT case type as defined in administrative Rule 8(B)(3).
4. I will not accept service from other parties by FAX or E-mail.
5. This case does not involve child support issues.
6. This case does not involve protection from abuse order, a workplace violence restraining order, or a no-contact order.
7. This case does not involve a petition for involuntary commitment.
8. There are no individuals subject to a petition for involuntary commitment.
9. The appearing attorney is not aware of related cases.

10. There is not additional information required by local rule.
11. There are no other party members.
12. This form has been served on all other parties and a Certificate of Service is attached.

Respectfully submitted,

/s/ Andrew J. Upchurch
Andrew J. Upchurch (30174-49)
Deputy Chief Litigation Counsel
Office of Corporation Counsel
200 East Washington Street, Room 1601
Indianapolis, Indiana 46204
Telephone: (317) 327-4055
Fax: (317) 327-3968
E-Mail: andrew.upchurch@indy.gov

Certificate of Service

I hereby certify that on February 9, 2022 a copy of the foregoing was filed electronically.

Service of this filing will be made on Registered Users via the Indiana E-Filing System.

Patricia Young
3601 Moller Road
Indianapolis, IN 46224

/s/ Andrew J. Upchurch
Andrew J. Upchurch (30174-49)
Deputy Chief Litigation Counsel

OFFICE OF CORPORATION COUNSEL
200 E. Washington Street, Suite 1601
Indianapolis, IN 46204
Phone: 317-327-4055
Fax: 317-327-3698
Email: andrew.upchurch@indy.gov